

Checklist

_____ **Building Department** – City Hall 730 Washington Ave. Room 304 (262) 636-9464
The Building Department MUST sign off on the Zoning Approval form before we can process your application(s). (This form is for new applications not holding an existing license for the type of business you are applying for).

_____ **City Clerk's Office** – City Hall 730 Washington Ave. Room 103 (262) 636-9171
Turn in completed applications here. If you have any questions regarding applications, contact us.

_____ **Contact Alderman in the district where the business is located.** This is to inform the Alderman that there will be a new owner and/or a new type of business in his/her district.)

Alderman Name & Telephone : Malik Frazier 262-865-0219

_____ Responsible Beverage Service Course must be completed if applicant has not held some type of alcohol beverage license in the State of Wisconsin in the past two years.

_____ Download the Wisconsin Alcohol Beverage and Tobacco Laws. This has information regarding alcohol laws and hours of operation <http://www.revenue.wi.gov/pubs/pb302.pdf>

It is the applicant's responsibility to call the departments listed below to setup appointments to have your premlse inspected. By signing you acknowledge that the City Clerk's office has notified you of this:

Print name Sharon Martinoff Signature Sharon Martinoff Date 3/24/26

Business Name Racine Art Museum Business Address 441 Main St.
Your license(s) will NOT be released until the City Clerk's Office has sign offs from all departments

_____ **Environmental Health Department** – City Hall 730 Washington Ave. Room 1 (262) 636-9203
(Inspection and Sanitation and/or Restaurant License/Permit)

_____ **Building Department** – City Hall 730 Washington Ave. Room 307 (262) 636-9161
(Inspection and Occupancy Permit)

_____ **Fire Department** – Fire 810 Eighth St. (262) 635-7915 (Inspection)

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Part A: Business Information | |
| 1. Legal Business Name (individual name if sole proprietor) Racine Art Museum Association, Inc. | |
| 2. Business Trade Name or DBA Racine Art Museum | |
| 3. Entity Type (check one) | |
| <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization | |

| | | | |
|-------------------------------------------------------------------|-----------------------------------|------------------------------------------------------|-------------------|
| Part B: Individual Information | | | |
| 1. Last Name Martinoff | 2. First Name Sharon | 3. M.I. A | |
| 4. Relationship to Business (Title) Human Resources Specialist | 5. Email smartinoff@ramart.org | 6. Phone (262) 498-6692 | |
| 7. Home Address 4727 Shirley Avenue | | | |
| 8. City Racine | 9. State WI | 10. Zip Code 53406 | 11. Date of Birth |
| 12. Drivers License/State ID Number M635-7815-8847-05 | | 13. Drivers License/State ID State of Issuance WI | |

| | | | |
|----------------------------------------------------------------------------------------------------------------------|--------------------|-------------|---------------------------------------------------------------------|
| Part C: Address History | | | |
| 1. Do you currently live in Wisconsin? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, provide the month and year when you permanently moved to Wisconsin | | | (MM/YYYY) 11/1998 |
| 2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. | | | |
| Previous Address 1 | City | State | Zip Code |
| Previous Address 2 | City | State | Zip Code |
| Previous Address 3 | City | State | Zip Code |
| Previous Address 4 | City | State | Zip Code |
| Previous Address 5 | City | State | Zip Code |
| 3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary. | | | |
| State NC | County Onslow | State MD | County St. Marys |
| State FL | County Columbia | State CA | County Orange |
| State | County | State | County |

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|--------------------------------------|-----------------------------|-------------------------|
| Last Name D'Amato | First Name Laura | M.I. |
| Title Director of Oper. & Develop | Email ldamato@ramart.org | Phone (262) 619-8300 |
| Signature <i>Laura D'Amato</i> | Date 3/19/2026 | |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

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| Last Name Martinoff | First Name Sharon | M.I. A |
| Signature <i>Sharon Martinoff</i> | Date 3/17/2026 | |

Alcohol Beverage Appointment of Agent

| | |
|--------------------------------------------|---------------------------------------------------------------------------------------|
| Agent Type (check one) | |
| <input type="checkbox"/> Original (no fee) | <input checked="" type="checkbox"/> Successor (\$10 fee for municipal licensees only) |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Part A: Business Information | |
| 1. Legal Business Name (individual name if sole proprietor) Racine Art Museum Association, Inc. | |
| 2. Business Trade Name or DBA Racine Art Museum | |
| 3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization | |
| 4. Alcohol Beverage Business Authorization (check one) <input type="checkbox"/> Municipal Retail License <input checked="" type="checkbox"/> State Permit | 5. If successor agent, provide State Permit or Municipal Retail License Number 456-0000465452-02 |
| 6. Describe the reason for appointing a successor agent, if successor is checked above. Original agent is retiring | |

| | | | |
|----------------------------------------------------------|-------------------------|------------------------------------------------------|-------------------|
| Part B: Agent Information | | | |
| 1. Last Name Martinoff | 2. First Name Sharon | 3. M.I. A | |
| 4. Email smartinoff@ramart.org | | 5. Phone (262) 498-6692 | |
| 6. Home Address 4727 Shirley Avenue | | | |
| 7. City Racine | 8. State WI | 9. Zip Code 53406 | 10. Date of Birth |
| 11. Drivers License/State ID Number M635-7815-8847-05 | | 12. Drivers License/State ID State of Issuance WI | |

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| Part C: Agent Questions | |
| 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

| | | |
|------------------------|----------|--------------------------------------------------------------------------------------------|
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | |
|--------------------------------------|-------------------|
| Signature <i>Sharon Martonoff</i> | Date 3/17/2026 |
|--------------------------------------|-------------------|



Wisconsin Responsible Serving of Alcohol

This certificate confirms that

Sharon Martinoff

has successfully passed the Rserveing Responsible Serving of Alcohol course of study. This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6) and 125.04 (5) (a) 5. Wis. Stats.

AUTHENTIC

Certificate #: PSCC10000590919
Award Date: 07-12-2022
Expiration Date: 07-11-2024



To verify this certificate, go to Rserveing.com.

Robert Graham, President/CEO



City of Racine, Wisconsin

Office of the Racine City Clerk

730 Washington Avenue, Room 103
Racine, WI 53403

For the period from: 07/01/2025 to 06/30/2027.

City of Racine, State of Wisconsin

OPERATOR'S LICENSE

(Bartender's License)

License No.: 3814

Whereas, the local governing body of the City of Racine, County of Racine, Wisconsin, has, upon application duly made, granted and authorized the issuance of an Operator's License to:

**MARTINOFF, SHARON
4727 SHIRLEY AVE
RACINE, WI 53406**

And Whereas, said applicant has paid to the Treasurer the sum of \$90.00, as required by local ordinances and has complied with all requirements necessary for obtaining a license;

Now Therefore, an Operator's License, pursuant to Chapter 125 of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

Whereas, this license is subject to all resolutions, ordinances, regulations, and provisions as may be at any time imposed by the local governing body or any laws of the State of Wisconsin, and is subject to revocation as provided by law.



Given under my hand and the corporate seal of the City of Racine,
County of Racine, on this date: 07/01/2025.

Tara McMenamin, City Clerk / Treasury Manager

CUT, FOLD, AND KEEP THE LICENSE BELOW WITH YOU. THIS LICENSE CAN BE LAMINATED.